SMAL	L CLAIMS COMPLAINT VT SUPERIO	OR CO	DURT	
-	Plaintiff's Name ABEND FAMILY UMIRD PARINER N.A. WILLS	ONL	To be completed by Cou	
	Address of Property		Date Complaint Filed Docket Num	
	4403 MAIN ST. WAITS PRO VT 05673		12/14/12 567-	12-12 Wns
ои	Address of PARTNER 2012 DEC 11	P	3: 44	
tion	304 CONWRD RD.	,	DEC	FIVED -
rma	City, State, Zip Code		Name of Plaintiff's Attorn	INGTON, VT
info ere.	WAYLAND MA 01778		7:13	CV 8
Fill in the information on yourself here.	Residence Telephone No. Business Telephone No.	No. and	BURL State Sip Code ER	1 6 2013
Fill	508 358 7095 508 358 7045	ana Erazadh	City, State, Zip Code	K'S OFFICE
	Fill in information on the Defendant (the person you are suing) here.		<u> </u>	IRICI COURT
	Defendant's Name NGM INSURANCE Co.	1	PLEASE TYPE OR	Amount of Claim Principal \$ 5000
	Address P.O Bux 2057		1 1.	Interest \$
	Address		PRESS DOWN HARD.	m and the court Costs* \$ 78.75
	City, State, Zip Code KALISPELL MT. 59903 2057			Total \$ 78.75
		-	*\$52.50	0 for \$1,000.00 or less
BRIEFLY E	XPLAIN YOUR COMPLAINT:			5 for more than \$1,000.00
F	WOD DAMAGE FRAM IRENE WAS \$135,	000	, INSURANCE WAS	S FUR
	25,000. COMPANY PAID ONLY \$75,000.			
BUILDING NO BASEMENT" INS. CO. RECLASSICIED BUILDING AS				

HAVING A BACEMIENT AND DENIED FULL COVETAGE GRADE UP LAND OUTSIDE OF BUILDING IS EVEN WITH FLOOR OF DAMAGED ARCH

TO BE COMPLETED BY COURT PERSONNEL. DO NOT WRITE BELOW THIS LINE.

SMALL CLAIMS SUMMONS

TO THE DEFENDANT NAMED ABOVE:

YOU ARE HEREBY SUMMONED TO ANSWER THE ABOVE COMPLAINT OF THE PLAINTIFF. YOU MUST ANSWER THIS SUMMONS WITHIN TWENTY (20) DAYS OF THE DATE OF SERVICE BY COMPLETING AND MAILING OR TAKING IN THE ENCLOSED ANSWER FORM TO THE COURT.

YOU ARE BEING SUED IN A SMALL CLAIMS CASE. READ THE INSTRUCTIONS ON THE BACK OF THIS SUMMONS.